| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | 70331 | 9/20 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | C.Y.C. | TC530 | 10-19-00 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

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| ✔ | Rejected | | N | | Non-elected |
| = | Allowed | | I | | Interference |
| – | (Through numeral)... Canceled | | A | | Appeal |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy